

MEMBERSHIP APPLICATION
NAMEOF MEMBER IN GOOD STANDING IN
LODGE and NUMBER
I AM APPLING TO BE A MEMBER IN THE
HIGH TWELVE CLUB
OF
When accepted for membership in High Twelve, I promise to give my best influence and efforts for its advancement and agree to abide by its Constitution and By-Laws of the International, State, and Local Club.
SIGNATURE OF APPLICANT
RECOMMENDED BY
PERSONAL INFORMATION
FULL NAME
HOME ADDRESS (ST. & NO.)
CITY
STATE ZIP CODE (5+4)
HOME PHONE
BUSINESS PHONE
CELL PHONE
PRIMARY EMAIL ADDRESS
BUSINESS ADDRESS (ST. & NO.)
CITY
STATE ZIP CODE (5+4)
OCCUPATION? RETIRED? LIST FORMER OCCUPATION

PREFERRED NAME TO BE USED
DATE OF BIRTH
WIFE'S NAME
DATE OF BIRTH
ANNIVERSARY DATE
ARE YOU A SENIOR DEMOLAY? IF SO NAME CHAPTER & LOCATION
MAJOR OFFICES HELD
HONORS OR AWARDS, (LOH, CHEV. OR OTHER AWARDS OR HONORS)
HIGHEST OFFICE HELD IN LODGE
ARE YOU A MEMBER OF: SCOTTISH RITE YORK RITE SHRINE OES OTHER (LIST)
LIST LICUISET AWARD LIONOR OR OFFICE LIST D
LIST HIGHEST AWARD, HONOR, OR OFFICE HELD IN ANY MASONIC BODY (SUCH AS):
33O, KYCH, POTENTATE, HEAD OF ANY OF THE SCOTTISH OR YORK RITE BODIES OR OES CHAPTER.
ARE YOU TRANSFERRING FROM ANOTHER HIGH TWELVE CLUB, IF SO, NAME OF CLUB AND NUMBER.
NAME NUMBER
Return application to:
MEMBER (who gave it to you)
PHONE NUMBER OF MEMBER
or mail to:
HIGH TWELVE INTERNATIONAL INC. 2029 Washington Ave. STE. #105, Evansville, IN. 47714, Phone 812-422-9770 FAX 812-422-9775